

AO 440 (Rev. 12/09) Summons in a Civil Action

# UNITED STATES DISTRICT COURT

for the

Polymer Technology Systems, Inc.

*Plaintiff*

v.

Roche Diagnostics Corporation, et al

*Defendant*

Civil Action No. 1:10-cv-00061 LJM-TAB

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Highest Officer Found  
Roche Diagnostics Operations, Inc.  
as agent for  
Roche Diagnostics GMBH  
c/o CT Corporation System  
251 E. Ohio Street, Suite 1100  
Indianapolis, IN 46204

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

David J. Hensel  
Taft Stettinius & Hollister LLP  
One Indiana Square, Suite 3500  
Indianapolis, IN 46204

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**JAN 27 2010**

Date: \_\_\_\_\_

CLERK OF COURT

CLERK

*Signature of Clerk or Deputy Clerk*

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Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Highest Officer Found, Roche Diagnostics Operations, Inc., as agent for Roche Diagnostics GMBH  
 was received by me on *(date)* January 27, 2010.

- ☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_; or
- ☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or
- ☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_; or
- ☐ I returned the summons unexecuted because \_\_\_\_\_; or
- ☒ Other *(specify)*: I served a copy of the summons and complaint on the individual via certified mail.  
 A copy of the Domestic Return Receipt is attached hereto and shows service was  
 made on January 28, 2010.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 2-11-10



*Server's signature*


David J. Hensel, Attorney

*Printed name and title*

Taft Stettinius & Hollister LLP  
One Indiana Square, Suite 3500  
Indianapolis, IN 46204

*Server's address*

Additional information regarding attempted service, etc:

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br>X  <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |  |
| 1. Article Addressed to:<br><br>Highest Officer Found<br>Roche Diagnostics Operations, Inc.<br>As agent for<br>Roche Diagnostics GMBH<br>c/o CT Corporation System<br>251 E. Ohio Street, Suite 1100<br>Indianapolis, IN 46204   |  | B. Received by (Printed Name)<br>Terry L. Wood<br>C. Date of Delivery   |  |
|  |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |  |
|  |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
| 2. Article Number<br>(Transfer from service label)   |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |
|  |  | 7005 3110 0002 8644 1048  |  |
| PS Form 3811, February 2004  |  | Domestic Return Receipt   |  |
|  |  | 102595-02-M-1540  |  |